



## DALLAS COUNTY COMMUNITY SERVICES

902 Court Street, Suite 1

Adel, Iowa 50003

Phone: (515) 993-5869 • Fax: (515) 993-5872

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# RENT ASSISTANCE FORM

*This is for rent assistance only. An original signature is required.  
Please allow up to 4 weeks for payment.*

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### LANDLORD INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

The resident of the rental property is \_\_\_\_\_ and has an  
outstanding balance of \$ \_\_\_\_\_ for the month/year of \_\_\_\_\_.

Is there any late fees/misc. charges? ☐ No ☐ Yes \$ \_\_\_\_\_  
(late fees/misc. charges)

### Check One...

☐ This amount includes utilities.

☐ This amount does not include utilities.

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Landlord Signature

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Date